Green Healthcare Scotland Action for Adoption

Reducing the use of couch roll

August 2026

1. About

This paper is intended to raise awareness of this carbon-saving initiative. While there is no formal requirement to report on the initiative through Green Healthcare Scotland, Health Boards and local teams are encouraged to consider how they may adopt this action locally, ensuring alignment with relevant initiatives and national workstreams.

2. Background

Couch roll has traditionally been as a routine hygiene measure in many clinical settings. However, NHS Scotland's National Infection Prevention and Control Manual[1] (NIPCM) identifies effective cleaning of examination couches and treatment surfaces between patients as the primary infection prevention and control measure.

As routine use of couch roll is not required by the NIPCM, its continued use provides limited additional infection prevention benefit, whilst contributing significant unnecessary waste and environmental impacts.

Overuse of couch roll can result in:

- Significant volumes of single-use paper waste.
- Increased clinical waste disposal, with uncontaminated couch roll often placed in clinical waste streams.
- Avoidable carbon emissions associated with the production, transportation and disposal of couch roll.
- Unnecessary operational expenditure associated with purchasing and disposing of high volumes of couch roll.

Reducing unnecessary couch roll use supports NHS Scotland Climate Emergency and Sustainability Strategy[2] and Scotland's Circular Economy and Waste Route Map to 2030[3] by reducing resource consumption, waste generation and associated carbon emissions.

National Procurement data[4] shows that NHS Scotland purchased 307,086 couch rolls between April 2025 and March 2026. This equates to approximately 461 tonnes of material and more than 22,000 kilometres of couch roll. If laid end-to-end, the total length would exceed that of the Great Wall of China.

3. Proposed approach

This action is not intended to eliminate couch roll use or limit clinical decision-making. Instead, it encourages a risk-based approach, with couch roll is used when clinically appropriate rather than as a routine default.

Examples of situations where couch roll may be appropriate include:

- When the patient is undressed from the waist down
- When the examination couch surface is damaged (e.g., tears, holes)
- When required for a specific clinical procedure

These examples are provided for guidance and are not exhaustive. Healthcare professionals should continue to use their professional judgement and follow local Infection Prevention and Control (IPC) guidance when determining whether couch roll is required.

Health Boards are encouraged to review local usage, engage with IPC teams and identify opportunities to reduce routine couch roll use where clinically appropriate.

4. Potential carbon savings

National Procurement data[4] was used to establish baseline couch roll procurement across NHS Scotland between April 2025 and March 2026. The dataset included the total number of couch rolls purchased by each NHS Scotland Health Board, along with the associated expenditure.

Estimated embodied carbon emissions were calculated by applying a carbon emission factor of **1.70 kgCO_2 e per roll (cradle-to-gate)**, as provided by the LooperAI tool (beta version)[5]. This enabled estimated embodied carbon emissions from couch roll procurement at both national and Health Board level.

To estimate clinical couch roll use, it was assumed that 86% of total couch roll consumption relates to clinical activity. This assumption is based on NHS Lothian data, which indicates that approximately 86% of its total couch roll use is for clinical purposes, with the remaining 14% associated with domestic and catering services.

Modelling based on a 25% reduction in estimated clinical couch roll use suggests that NHS Scotland could achieve annual savings of approximately 111.47 tonnes CO_2 e and £280,953, whilst maintaining a clinically appropriate, risk-based approach to couch roll use.

	**111.47 tonnes CO2e**		**£280,953**

Estimated Health Board-level data has been developed to demonstrate:

- Estimated clinical couch roll use, associated expenditure and embodied carbon emissions.
- Potential financial and carbon savings from a 25% reduction in clinical couch roll use.

NHS Scotland Estimated Clinical Couch Roll Use (Apr 25 - Mar 26)					
Healthboard	***Estimated Number of Rolls Used for Clinical Purposes**	***Estimated Amount of Expenditure**	***Estimated Embodied CO2e**	**Estimated Financial Savings Based on 25% Reduction**	**Estimated Carbon Savings Based on 25% Reduction**
NHS Ayrshire & Arran	11615.16	£50,359.11	19745.77	£12,589.78	4936.44
NHS Borders	5103.24	£22,377.88	8675.51	£5,594.47	2168.88
NHS Dumfries & Galloway	10619.28	£45,115.02	18052.78	£11,278.75	4513.19
NHS Fife	20438.76	£86,931.67	34745.89	£21,732.92	8686.47
NHS Forth Valley	13756.56	£58,358.80	23386.15	£14,589.70	5846.54
NHS Golden Jubilee	2755.44	£11,688.90	4684.25	£2,922.22	1171.06
NHS Grampian	23679.24	£100,141.88	40254.71	£25,035.47	10063.68
NHS Greater Glasgow & Clyde	65299.8	£277,204.21	111009.66	£69,301.05	27752.42
NHS Highland	15041.4	£63,723.48	25570.38	£15,930.87	6392.6
NHS Lanarkshire	21862.92	£93,520.83	37166.96	£23,380.21	9291.74
NHS Lothian	40031.28	£173,975.72	68053.18	£43,493.93	17013.29

NHS Orkney	1114.56	£4,873.66	1894.75	£1,218.41	473.69
NHS Shetland	3457.2	£14,649.57	5877.24	£3,662.39	1469.31
NHS Tayside	24649.32	£108,367.45	41903.84	£27,091.86	10475.96
NHS Western Isles	2853.48	£12,526.25	4850.92	£3,131.56	1212.73
Across Scotland	**262277.64**	**£1,123,814.43**	**445,871.99 kg CO2e (445.87 tonnes)**	**£280,953.59**	**111,468 kg CO2e (111.47 tonnes)**

These estimates are intended to support local planning and prioritisation. Actual savings will vary depending on existing practice, service configuration and baseline usage. Where location data is available, Health Boards are encouraged to review and validate the assumptions used.

5. Identified risks and issues

Staff perception

There is a risk that staff perceive the initiative as a requirement to stop using couch roll due to misunderstanding its purpose, resulting in reduced confidence and inconsistent implementation.

Mitigation: Clearly communicate that couch roll remains available where clinically appropriate and that healthcare professionals should continue to exercise professional judgement when using.

Infection Prevention and Control concerns

There is a risk that existing practices and perceptions around couch roll use leads to concerns about infection prevention and control, resulting in delays to implementation.

Mitigation: Engage with local IPC teams at an early stage and ensure the approach aligns with the National Infection Prevention and Control Manual and local IPC guidance.

Patient perceptions

There is a risk that some patients view a reduction in routine couch roll use as a reduction in cleanliness, which could result in concerns or complaints.

Mitigation: Provide clear patient-facing information, explaining that examination couches continue to be cleaned between patients in line with IPC requirements.

Inconsistent adoption
There is a risk that inconsistent adoption across clinical areas limits the potential carbon and financial benefits of the initiative.

Mitigation: Monitor procurement and usage data, prioritise areas with high levels of couch roll use, and support local implementation through awareness raising and appropriate guidance.

6. Acknowledgements

Name / Organisation	Position Statement	Date
National Procurement	Provided national procurement data to inform analysis and identify opportunities for reduction.	May 2026
NHS Borders	Provided practical insights and implementation experience that informed the development of the original couch roll case study and shaped the development of this Action for Adoption.	May 2026
NHS Lothian	Provided practical insights, clinical usage analysis and evidence that informed the development of the original couch roll case study and shaped the development of this Action for Adoption.	May 2026
NGTP Specialty Delivery Group	Reviewed and endorsed the original case study and provided assurance and feedback to inform the development of this Action for Adoption.	May 2026

7. References

[1] National Infection Prevention and Control Manual

[2] NHS Scotland Climate Emergency & Sustainability Strategy

[3] Scotland's Circular Economy and Waste Route Map to 2030

[4] National Procurement Couch Roll Pocurement Data (April 2025 – March 2026)

[5] LooperAI Tool Product Carbon Footprint Report (Beta Version) *Full report available upon request*

8. Version control

	Name	Title	Date
Author	Ashlin Harris	Project Support Officer	8 July 2026
Reviewer	Clare Constance	Project Manager	10 July 2026
Reviewer	David Taggart	Head of Climate Change Delivery	10 July 2026
Approver	Kenneth Barker	NGTP Clinical Lead	10 July 2026

Contact us

If you have any questions about this action, please contact the Green Healthcare Scotland by emailing cfsdghs@nhs.scot.